

Name

## RECEIVED

JAN 2 0 2010

Website: www.maine.gov/ethics

Office: 45 Memorial Circle, Augusta, Maine

Mail: 135 State House Station, Augusta, Maine 04333

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

House

Phone: 207-287-4179

□ Senate

Fax: 207-287-6775

## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

ROBERT S DUCHESHE

Address: 478 BELGINOOD ME

Name: Address: OLD TOWN 04465

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address		District	
478 BEECHWOOD AN City, zip code OLD TOWH ME	13		
City, zip code	TEICH, EIR CHOPPETTE EIR PHÀILE BERKA (A AMPHAILE THE THE THE THE THE THE THE THE THE TH	Phone	
DLD TOWH ME	04468	207-827-3782	
/			
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AND	<b>OTHER</b>	
List the name and address of each employer from economic activity of each employer.	n whom you received compensation of \$1,000 c	or more. Specify the principal type o	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
non-in-in-in-in-in-in-in-in-in-in-in-in-in	130 CENTER ST	mich version family	
	OLD TOWH ME 04468	CIVIL BOHANNELLA	
MAINE LEGISLATURE	STATE HOUSE AUGUSTA, ME 04333	LEGISLATUR	
		•	
	OME DERIVED FROM SELF-EMPLOYMEI Legislators who are self-employed.)		
<ul> <li>A. List the name and address of your business, if associated with a partnership, firm, professional a entity.</li> </ul>	any, and list the major areas of economic activi essociation, or similar business entity, list the ma	ty from which you derived income. It is a specific that it is a specific activity of that	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: MAINE BIRDING TRAIL	BIRD Guiding		

PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-em		MENT		
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or perdisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	son from whom you de	erived such income. If this form of		
Name and Address of Source	Name and Address of Source Ac			
Name:	A CONTRACTOR OF A TOTAL AND	aniid, aniidaanii mayaan jiga fi fiishiyi dhiyoogii qoʻqiiga kasi isa isa isa isa isa isa isa isa isa		
Address:				
Name:				
Address:	and the second s			
PART 3. MAJOR AREAS OF I (For Legistators who are attorneys-a				
List your major areas of practice. If associated with a law firm, list the major area		alpean y la representative y la company o respective y constitute of particular department of particular parti		
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)		
Name:				
Address:		A.—		
Name:	alantah Antara Malahaka Maragal Antara Marada Antara Marada Antara Antara Antara Antara Antara Antara Antara A	CONTRACTOR		
Address:				
PART 4. OTHER SOURCES O	FINCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	orm. Do not include gif	ts. If none, check the box.		
☑ None		anner nomen, a construction and a state of the similar of the Smith Andrew II House I American Per Proposition Fri Proposition (Fri Proposition II Propositi		
Name and Address of Source	www.in.com/com/com/com/com/com/com/com/com/com/	Kind of Income (investments, leases, etc.)		
Name:	engage state and an analysis and an anti-state a	CONTENT OF THE CONTEN		
Address:	der der der eine eine der der der der der der der der der de			
Name:	- MAPPE of DEFINATION OF THE THE STATE OF TH	ংশং সামারক্ষর বিষয়ে দুং লা বাংলা ক্রম্পুর্বার্থিক ক্রমিন্তার ভাগারকার পার পরকারক বিষয়ে বার্থার বিষয়ে বিষয়		
Address:	e e e e e e e e e e e e e e e e e e e			
		······		
PART 5. REPORTABLE LIAI	BILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	received during the reference from a relative. If none	reporting period, and list the major e, check the box.		
None	оддубня додрудов в поволення поможення в повод повод поможення в повод п	taka pitu meta hasileleka pitalaha kapan kelalahan meta di di dimunum menungungkan pungungkan pungungkan pungung di pagund		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:		man menum erim da da kanda eri sanda da d		
Address:	Communication			
Name:				
Address:	tol Andred Adag			

PART 6	. REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Inc none, check the box.	lude gifts with an aggregate	value of more than \$300 from a single source. If			
None	militar delando en escando en Signi de antiquisti independo filologico que demos (in periodo que come en escendo que como de 2000 de 2				
Name of Source of Gift  1.	The state of the s	Name of Source of Gift			
2.	4.				
PART 7. R	EPORTABLE HONORAR				
List the source of any honoraria accepted for appearances or	r speeches related to your leg	pislative responsibilities. If none, check the box.			
None Name of Source of Honoraria		Name of Source of Honoraria			
1.	3.				
2.	estricio destificación indicion de como sinúmento de mentro prima proprio proprio proprio que para españa de con-	and delighted the delighted and and and delighted an analysis and an artificial discussion and analysis and property of the section of the se			
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you repres box.	ented or assisted others for o	compensation of any amount. If none, check the			
None Name of Agency		Name of Agency			
1.	3.				
	CONTROL CONTRO	Nobber (Bub et al 1906) et de Profesion de Andrée de Production de Andrée de			
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods or services with a value in excess of			
None	COMMONANTAMINANTAMINAMINAMINAMINAMINAMINAMINAMINAMINAMIN				
Name of Agency	Name of Agency Name of Agency				
3.					
2.	4.				
PART 10. INCOME RECEIV	ED BY MEMBERS OF IMI	MEDIATE FAMILY			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	received by your spouse or domestic partner or your spouse or domestic partner received \$1,000			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income			
Name: SANDRA M. Ducalsal	1. ENGINEERING 2.	Spouse or Domestic 2.			
Job Title: CIVIL EXGINCER	3.	Partner 3.			
		Dependent Child			
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child			
		Dependent Child			

		TO THE RESERVE OF THE PROPERTY	ER OR DIRECTOR			6 juni - 5 juli 5 juli - 5 juli
any office, trustee:	ship, directorship, or po	osition of any nature.	artnership or business i Indicate whether you o lationship and the nam	or a family held the	position and whether	tiate family he the position
None	MANAGARAN	ter Annual III de Constitution de la constitution d	**************************************	and the classic control of the contr		
#REPARTITION CONTINUES AND CON	Organization/Busines and Address	sinementen in entre en energia en	Title	Position Held By:	Family Member's Name	Compen- sated?
agy, pagangangan kanamatat kan manati 16.7564-1675 p. 600 mg 1854-1669 mg 19.194 mg 19.197 mg 19.197 mg 19.19	nnneninnurruussys ensigeretti (säällää kääääääälikekässäästi (sessaliavatassan, annutan arapuur	erandistantistantistantista esti maja ti elektristantista tilopatikojantistantistantistantistantistantistantis	en e	delenante en en este en en el este de en el en el en en el en el en en el en en el en el en en el en el en el e	જે જે <sup>માં</sup> <i>તર મા</i> નુતાન માન ના વાર્ય જેવા હોય તે કો હતો છે. જે તે તમારો હવે મે લોક શવલ હવે પ્રાથશો હતો કે છો હોય જે જેવા જેવા માને તમારે તમારે હોય હોય હતો હતો છે. જે તમારો હવે મે મોક શવલ હવે પ્રાથશો હતો કે છો હતો છે. જે જેવ જેવા જેવા જેવા હતા હતા હતા હતા હતા હતા હતા હતા હતા હત	vojanista kivallision ta konsiste a konsineen olamasi ilem kalailiselen
		•				
,						
			SIGNATURE			
Legislator who	willfully fails to file a	required statement	t is subject to a fine of	of up to \$100 (1.6	ABSA \$ 1017 A	<u> </u>
			ime. If the Commiss			
villfully filed a fals	se statement, it shall	refer its findings of	f fact to the Attorney	General. (1 M.R.	S.A. § 1019)	Ü
(1/4	HS	) where		1/15	2010	
	Signature			, , D	ate	
		ABDITIO	ONAL INFORMATIO			
Please provide a	ny additional informa ou are providing.		n additional sheets if		e the part or section	on number fo
Part/Section Number		ere er		n PALT NO BEAUTHAIR THAN A MANGOL AN BORNA (AN FILL DA STORM AN FILL DA STORM) AN FILL DA STORM AN FILL DA S	gilling (glandigari), weitwasserjajang-ochtwarth Vilkey Algebrandwinster	ttejjihanneken jettigan jene jetiganisme jete periodici ne jete og printer se en naman en
	erk entre er stansser er er er stil still aufbereit fa eine er tellente sterte en er et en er er en er er en e	ANTO OUR TRANSMENT OF EMBLISH SEPTEMBER STATEMBER THE COMMON STATEMBER AND COMMON SEPTEMBER STATEMBER SEPTEMBER		$y_{ij} = x_{ij} + x$	Nativati in Patricine di La colte se invariante en casa magni parender qua altaga (patricina y discontra di	
-594.434.0-4-4-hou						
And the second s				•		-
Consistence of A.						
- <pre>clean</pre>						